

**Child Welfare Medicaid Managed Care Advisory Workgroup**

**Department of Children and Family Services  
100 W. Randolph St.  
6th Floor Room 275  
Chicago, IL**

and

**Department of Healthcare and Family Services  
201 S. Grand Ave.  
3rd Floor Video Conference Room, Room 3-22  
Springfield, IL**

**Date: February 25, 2020  
Time: 2:00p.m.  
MINUTES**

<b>MEMBERS PRESENT (in person)</b>	<b>MEMBERS PRESENT (via phone)</b>	<b>MEMBERS ABSENT</b>
Ben Winick for Kristine Herman	Carol Sheley	Kara Teeple
Raul Garza	Trish Fox	Pam Winsel
Deb McCarrel	Howard Peters	April Curtis
Dr. Michael Naylor	Tracy Johnson for Leslie Naamon	Nacole Milbrook
Helena Lefkow	Anika Todd	Leyda Garcia-Greenawalt
Lauren Tomko	Julie Hamos	Karen Cook
Elizabeth Nelson for Kelly Cunningham	Ruth Jajko	Rashad Saafir
Patrick Lindstrom for Laura Ray	Ashley Deckert	Dr. Marjorie Fujara
Tim Snowden for Desiree Silva	Josh Evans	Judge Ericka Sanders
		Arrelda Hall
		Gregory Cox
		Marc Smith
		Theresa Eagleson
		Jamie Dornfeld
		Kathleen Bush
		Royce Kirkpatrick

**I. Welcome and Call to Order**

The meeting was called to order at 2:06p.m. Roll call was completed for workgroup members.

**II. Review of Minutes**

The January 22, 2020 minutes were approved.

**III. Update on Implementation**

Tracy Johnson from YouthCare provided an update on the “go-live” for former youth in care, which took place on February 1.

The first effort of YouthCare staff is to gather medical history. As of February 1, staff have made 20,995 outreach calls to authorized representatives. They have completed 2,861 Health Risk Screenings (HRS).

Stratification totals are as follows:

- 67 – Complex
- 431 – High
- 754 – Moderate
- 1609 – Low

Staff spoke with 78 former youth in care who declined care coordination services.

**Questions/Comments from Workgroup**

Q: Regarding the spread of percentages in the stratification numbers, do we think that is what we will see broadly? This is just the initial HRS completed, right – once health care coordinators get into homes, the numbers may change?

A: It’s hard to tell with former youth in care, so we hesitate to guess on this. YouthCare is also tracking hospitalizations, emergency room visits and other info that would immediately change the level of stratification. It has only been 24 days since go-live, we have 90 days to see where everyone falls. We need to at least see 50% to see if this can be extrapolated. The numbers may be very different for current youth in care due to their different needs, etc.

YouthCare put together a specialized team to help us respond to this population – the Rapid Response team. Since February 1, Rapid Response has received 293 inquiries via email or through 844 number. As of February 24, the team had closed out all of those inquiries. There are six questions pending on network that should be closed out today.

YouthCare is now preparing for the go-live for current youth in care on April 1.

Q: I heard a rumor that children who were supposed to be in the Illinicare plan were moved into Iowa Total Health, to be transitioned to Meridian at later time – is that true?

A: No. We can clarify. Iowa Total Health is a completely separate Centene organization. All kids in Illinois will be in YouthCare or one of the other managed care organizations in Illinois.

The only time Iowa comes into any of this is that Centene, as a national organization, with the divestiture of Illinicare in January have had pharmacy staff from our sister companies join the team to provide expertise, and as we have staff changes to assist with go-lives. Regarding

Meridian, YouthCare is designed to be its own plan, as it was initially rolled out months ago under the Illinicare banner. Centene, who owned Illinicare, merged with WellCare, who owns Meridian. YouthCare has been a separate Centene product.

Q: Will there be changes to psychotropic medication consent as a result?

A: There will be no changes with the review currently conducted based on this change. We will explore more thoroughly with UIC at tomorrow's meeting.

Q: There may be confusion as provider contracts say Illinicare; it may help to put some communications out to providers.

A: Absolutely, there will be more information shared with providers in coming weeks, some touching on merger question and reminding of the continuity of care period, etc.

Q: Could we have time on the agenda going forward to talk about the progress made thus far on the transition plan?

A: We will make sure that's on the agenda for the next meeting.

#### **IV. Future Meeting Dates**

Due to standing meetings that conflict with this time, the group discussed moving the meetings to a new day of the week and time.

Two possibilities were proposed – Thursdays or Tuesdays at 4:00p.m. The group also discussed scheduling every other week as opposed to weekly. Group members were supportive of the Thursday time. HFS and DCFS will discuss with leadership and update group members when the day is confirmed.

#### **V. Public Comment**

None

#### **VI. Adjournment**

The meeting was adjourned at 2:33p.m.

**Next Meeting Date and Location (subject to change): March 3, 2020 2:00p.m.-3:00p.m.**

**Department of Healthcare and Family Services  
401 S. Clinton  
7th Floor Videoconference Room  
Chicago, IL**

And

**201 S. Grand Ave.  
1st Floor Video Conference Room  
Springfield, IL**